



Organization (If Applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_ # of Expected Guests: \_\_\_\_\_

**Requested Area (Please check)**

- |  |   |
|--|---|
| <input type="checkbox"/> Activity (Meeting) Room                             | <input type="checkbox"/> Savage Mill Activity Room  |
| <input type="checkbox"/> Chesapeake Multipurpose Room(s)                     | <input type="checkbox"/> Kitchen (Caterer # _____ ) |
| <input type="checkbox"/> Gymnasium (1 hour minimum on gym rentals permitted) | <input type="checkbox"/> Large Rental Package       |
| <input type="checkbox"/> Hammond Branch Room                                 | <input type="checkbox"/> Park Pavilion              |

Rental Event Description: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Event Start and End Times: \_\_\_\_\_

(2 hour minimum on rentals, including your set up and clean up time)

Building Hours: 8 AM-9 PM Monday-Saturday; 9 AM-6 PM Sunday

**PLEASE NOTE: Please note this is just a request form. A North Laurel Community Center staff member will contact you within two business days after checking availability.**

**501c3 form required for Non-Profit Organizations seeking non-profit fee rates.**

Return completed Rental Request Forms to the North Laurel Community Center  
(9411 Whiskey Bottom Road, Laurel, MD 20723) or fax to 240-568-3030.

*Submission of this form confirms that applicant has read and understands the policies and procedures outlined in this Facility Rental Guide.*

FOR OFFICE USE:

Date received: \_\_\_\_\_

Time received: \_\_\_\_\_

Initials: \_\_\_\_\_



NORTH LAUREL  
COMMUNITY CENTER

9411 Whiskey Bottom Rd, Laurel, MD 20723